

56392-2

page 1 of 2

CALTECH INDUSTRIES, INC.



2420 SCHUETTE DRIVE, MIDLAND, MI 48642  
(517) 496-3110 FAX (517) 496-0212

May 27, 1993

Ruth G. Douglas  
Product Manager (32)  
Antimicrobial Program Branch  
Registration Division (H7504C)  
Office of Pesticide Programs  
U.S. Environmental Protection Agency  
401 M Street SW  
Washington, D.C. 20460

RE: CITRACE® Hospital Germicidal Deodorizer  
EPA Reg. No. 56392-2  
Notification

Dear Ms. Douglas:

You will find enclosed an *Application for Pesticide: NOTIFICATION, OPP Identifier Number 167477*, for the subject product. This notification is for the addition of a label claim regarding ozone depleting substances. This product contains no CFCs and the label claim reflects the exact wording provided in Section II of PR NOTICE 92-2 permitted with notification.

Final printed labeling incorporating this claim is enclosed for the product's file, as required for all notifications. We have highlighted all modifications (including non-notification revisions) from the latest stamped accepted label, enclosed for comparison. Please note that the American Dental Association, ADA, Seal of Acceptance which was added by notification with our submission of 10/02/91, has been removed, per ADA request, since they no longer allow disinfectant products into their acceptance program.

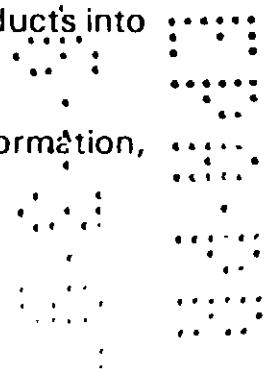
If you have questions concerning this notification or need additional information, please contact me at 1-800-234-7700.

Sincerely,

Ann M. Watton  
Manager of Operations

Enclosures

©Trademark of Caltech Industries, Inc.



<b>(A)</b> 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number  <div style="font-size: 24pt; text-align: center;">167477</div>
	Application for Pesticide:		

**Section I**

1. Company/Product Number <div style="text-align: center; font-size: 18pt;">56392-2</div>	2. EPA Product Manager <div style="text-align: center; font-size: 18pt;">Ruth Douglas</div>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) CITRACE® Hospital Germicidal Deodorizer	PM# <div style="text-align: center; font-size: 18pt;">32</div>	
5. Name and Address of Applicant (Include ZIP Code)  CALTECH INDUSTRIES, INC. P O BOX 1139 MIDLAND MI 48641-1139  <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:  EPA Reg. No. _____  Product Name _____	

**Section II**

<input type="checkbox"/> Amendment - Explain below  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____  <input type="checkbox"/> "Me Too" Application.  <input type="checkbox"/> Other - explain below.
---	---

NOTIFICATION LABEL NOT REVIEWED PER PR NOTICE 88-6

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

NOTIFICATION PER PR NOTICE 88-6\*    DATE 6/30/93

Notification of the addition of a label claim regarding ozone depleting substances. This claim is limited to the exact wording, provided in PR NOTICE 92-2, Section II, permitted by notification.

\*This is to certify that this notification meets every requirement of PR Notice 88-6.

**Section III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted.		If "Yes," Unit Package wgt.    No. per container	If "Yes," Package wgt.    No. per container		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label Is Affixed To Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other ( _____ ) <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

**Section IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name <div style="text-align: center; font-size: 18pt;">Ann M. Watton</div>	Title <div style="text-align: center; font-size: 18pt;">Manager of Operations</div>	Telephone No. (Include Area Code) <div style="text-align: center; font-size: 18pt;">(517) 496-3110</div>
---	--	---

Certification		6. Date Application Received (Stamped)
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		
2. Signature 	3. Title Manager of Operations	
4. Typed Name Ann M. Watton	5. Date <div style="text-align: center; font-size: 24pt;">5-27-93</div>	

5.0.

# CITRACE<sup>®</sup> Hospital Germicidal Deodorizer

**STREPTOCIDAL ■ STAPHYLOCIDAL ■ PSEUDOMONACIDAL ■ FUNGICIDAL  
SALMONELLACIDAL ■ TUBERCULOCIDAL ■ VIRUCIDAL\***

\*Human Immunodeficiency Virus Type 1 (HIV-1) ■ Herpes Simplex Virus, Hominus, Type 1 (HSV-1)  
■ Canine Parvovirus, ATCC VR-206 ■ Influenza Virus Type A ■ Poliovirus Type 1 (Mahoney Strain) ■ Vaccinia Virus

■ This effective product eliminates odors in the air and at their source. Does not just mask odors. Kills dangerous germs such as "staph" and "strep" on environmental surfaces. Inhibits mold and mildew. Kills listed viruses on nonporous, inanimate surfaces.

■ For use in Hospitals, Clinics, Nursing Homes, HMO, Physician Offices, Dental Offices, and Veterinary Facilities. Use this product in patient rooms, emergency rooms, outpatient facilities, exam rooms, operating, radiology, physical therapy, central supply, and bathrooms.

### DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

■ To Eliminate Odors: Shake well. Hold upright. Spray center of room 1-2 seconds. For a moment there's the fresh smell of citrus and then it disappears taking unpleasant odors with it. Do not fog.

■ To Clean: Spray lightly and immediately wipe dry with cloth or paper towel. Effective as a light duty cleaning agent to remove fingerprints and hand smudges. Use on stainless steel, chrome, mirrors.

■ To Disinfect: Shake well. Hold can upright 6-8" from surface. Spray pre-cleaned non-porous surface until thoroughly wet and allow to remain wet for ten minutes. Wipe dry or allow to air dry. Remove heavy soil and thoroughly clean surface prior to disinfecting. Tuberculocidal in ten minutes at room temperature (68°-77°F, 20°-25°C). Kills HIV-1 (AIDS virus) in one minute at room temperature. Kills other organisms claimed in ten minutes at room temperature.

**\*KILLS HIV ON PRE-CLEANED ENVIRONMENTAL SURFACES/OBJECTS PREVIOUSLY SOILED WITH BLOOD/BODY FLUIDS** in health care settings or other settings in which there is an expected likelihood of soiling of inanimate surfaces/objects with blood or body fluids, and in which the surfaces/objects likely to be soiled with blood or body fluids can be associated with the potential for transmission of human immunodeficiency virus Type 1 (HIV-1) (associated with AIDS).

■ Special Instructions For Cleaning and Decontamination Against HsV-1 (AIDS Virus) on Surfaces/Objects Soiled with Blood/Body Fluids:

Personal Protection: When handling items soiled with blood or body fluids, appropriate personal protective equipment such as disposable plastic gloves, gowns, masks, or eye coverings should be considered.

Cleaning Procedure: Blood and other body fluids must be thoroughly cleaned from surfaces and objects prior to disinfecting.

Contact Time: CITRACE kills HIV-1 (AIDS Virus) in one minute. Contact time required to kill other organisms is ten minutes.

Disposal of Infectious Materials: Blood and other body fluids and cleaning materials should be autoclaved and disposed of according to federal, state and local regulations for infectious waste disposal.

■ To Control Mold and Mildew: Clean surface prior to application. Spray surface until thoroughly wet and repeat weekly to prevent regrowth. Provides residual bacteriostatic action in the presence of moisture.

### PRECAUTIONARY STATEMENTS

Hazards to Humans and Domestic Animals

■ **WARNING: Do Not Spray in Eyes.** In case of contact, flush eyes with plenty of water. Avoid Contact with Food.

#### Physical Hazards

Flammable: Contents under pressure. Keep away from heat, sparks and open flame. Exposure to temperatures above 130°F may cause bursting. Before using on painted or plastic surfaces, spot test on an inconspicuous area. Do not use on acrylic plastics.

Storage: Do not use or store near heat or open flame. Store out of reach of children.

Disposal: Replace cap and discard empty container in trash. Do not puncture or incinerate.

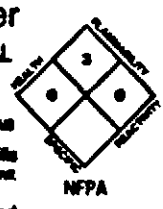
■ Trademark of Caltech Industries, Inc.

© 1991 Caltech Industries, Inc.  
P.O. Box 1139, Midland, MI 48641-1139  
1-800-234-7700

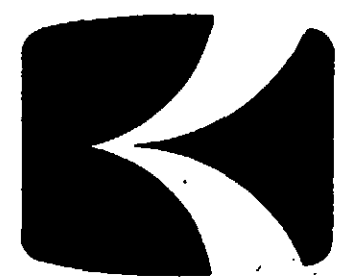
REORDER NO. 49100



100-49100-14



# CITRACE<sup>®</sup> Hospital Germicidal Deodorizer



## Destroys Odors Kills Most Germs Citrus Scent

EPA REG. NO. 56392-2

Active ingredients:	
o-Phenylphenol .....	00.12%
Ethanol .....	66.60%
Inert ingredients .....	33.28%

Contains no CFCs or other ozone depleting substances. Federal regulations prohibit CFC propellants in aerosols.

## NET WT. 14 OZ.

### KEEP OUT OF REACH OF CHILDREN

### WARNING

READ COMPLETE PRECAUTIONS AND DIRECTIONS ON REAR PANEL

NOTIFICATION LABEL NOT REVIEWED PER PR NOTICE 08-0  
DATE 6/30/93